

LifeSpring Foundation of Indiana

2024 Scholarship Application Form

Due:

Postmarked by April 19, 2024

Submit to:

LifeSpring Foundation of Indiana 460 Spring Street Jeffersonville, IN 47130

Scholarship applications may also be completed and submitted at

https://www.lifespringhealthsystems.org/lifespring-foundation-of-indiana-scholarship/

For questions, please contact Dawn Bennett at (812) 206-1209 or Dawn.Bennett@lifespringhealthsystems.org



Scholarship Guidelines

Personal Involvement:

Include a separate attachment of a list of extracurricular activities, specifically those with an emphasis on services/activities involving youth, special needs, or those with a physical/mental health diagnosis.

Personal Insight Essay:

Give a detailed account of your plans of study in the healthcare or public service field and include career goals. This essay, between 250-500 words, should contain any real-life experiences with person(s) dealing with a specific diagnosis (chronic illness, substance abuse, mental illness, etc.) whether it be a family member or friend, what you have learned from these experiences or your studies, and how our society could better provide services to meet all healthcare needs.

References and Transcript:

Please submit one letter of recommendation from a teacher, counselor or someone in the community (cannot be family members or fellow students). Please also attach your most updated transcript.

Submit applications and attachments to:

LifeSpring Foundation of Indiana 460 Spring Street Jeffersonville, IN 47130

Applications must be postmarked no later than April 19, 2024.



2024 High School Scholarship Application

To be considered for a scholarship, applicants must be in LifeSpring Health Systems' service area of Clark, Crawford, Dubois, Floyd, Harrison, Jefferson, Orange, Perry, Scott, Spencer, and Washington Counties in Indiana. One \$500 scholarship will be awarded to one high school senior per county. Please complete the form below and also submit the following:

- Please detail your plans of study in the primary care, mental health, or public service field and include career goals.
- List of extracurricular & volunteer activities, with an emphasis on services/activities involving youth, special needs, or those with a physical/mental illness diagnosis
- Please write an essay discussing a chronic illness and how you feel our society could better
 provide services to those struggling with chronic conditions. If you have a real-life experience
 (whether it be a family member or friend) that could help you express your point of view,
 please include it. Essay must be between 250-500 words.
- One letter of recommendation from either a teacher, counselor, or someone in the community (cannot be family or fellow students)
- Transcript submission

Student's Full Name:		
Street Address:		
City:	State:	Zip:
Phone Number (Best phone to reach you	ı at):	
High School Name:		
High School's Phone Number:		
Overall G.P.A. (on 4.0 scale):	Graduation I	Date:
Number of Days Absent Senior Year:		
Parent/Guardian Full Name (For applicar	nts under 18 years old):	
Parent Guardian Phone Number (Best ph	none to reach you at) (For appli	icants under 18 years old):
Parent/Guardian Signature (For applican	ts under 18 years old):	